

TOWN OF CHESTER PARKS AND RECREATION
2015 SUMMER CAMP REGISTRATION FORM

CAMPER INFORMATION:

Child's Name: _____ Home Telephone: _____

Date of Birth: _____ Grade as of Fall 2015: _____

Home Address: _____

PARENT/GUARDIAN INFORMATION:

Mother/Guardian Name: _____ Business/Cell Phone: _____

Father/Guardian Name: _____ Business/Cell Phone: _____

Address (if different from campers): _____

Are there any court orders, custody issues, or protective orders involving this camper? _____ Y _____ N
(If yes, please note the important details on the back of this form.)

EMERGENCY CONTACTS: (Please list the names and telephone numbers, other than a parent, who have your permission to sign out/pick up your child if you are unable to.)

Name: _____ Home/Cell Phone: _____

Name: _____ Home/Cell Phone: _____

Family Doctor: _____ Telephone: _____

Any special notes about this child (allergies, appliances worn, prescription drugs, special needs, etc.)

SESSION CHOICE

| | |
|-----------------|-----------------------------|
| _____ Session 1 | June 29 thru July 10 |
| _____ Session 2 | July 13 thru July 24 |
| _____ Session 3 | July 27 thru Aug 7 |

At this time, please include full payment for all sessions. Each session is \$195.00 for Chester Residents (*Town of Chester Property Tax Payee*) and \$225.00 for Non-Residents. Make checks or money orders payable to: The Town of Chester. **CASH WILL NOT BE ACCEPTED. Immunization documentation must accompany each registration.** At the completion of registration, refund requests will not be granted.

I have filled out this form to the best of my knowledge. If there are any changes of my address, phone numbers, emergency contact(s), or doctor's information, I will inform the camp in order to up date my child's record.

Parent/Guardian Signature: _____ Date _____

TOWN OF CHESTER PARKS AND RECREATION
2015 SUMMER CAMP

MEDICAL HISTORY

The Chester Park and Recreation Camp Program is certified through the Orange County Health Department. In accordance with section 7-2.8 of the New York State Sanitary Code, a current confidential medical history, including Immunization dates and emergency contact telephone numbers, shall be kept on file for every camper and **updated annually.**

CHILD'S NAME: _____

IMMUNIZATION UPDATES

Every child must have a new copy of his/her immunization records submitted each summer prior to entering camp. If you are submitting a copy of the immunization records with this form, please write see attached.

DPT, DT _____

POLIOMYELITIS _____

MEASLES _____

MUMPS _____

CHICKEN POX _____

RUBELLA _____

MMR _____

HEPATITIS _____

Please list any food and/or drug allergies/reactions that affect this child:

Please list any medical conditions/concerns that affect this child:

Parent/Guardian Signature

Date

TOWN OF CHESTER PARKS AND RECREATION
2015 SUMMER CAMP

MEDICAL PERMISSION

I, the undersigned, as parent/guardian of _____,
(Child's Name)
understand that the Chester Parks & Recreation Camp Program will include an array of both sports and recreational activities typically made available to the children at the summer camp. The kind of activities may include contact sports, such as: soccer, basketball, field hockey, dodge ball, volleyball, roller-skating, and the like. These activities and others of similar nature will involve vigorous activity on the part of the children and, although all possible measures will be taken to insure the safety of each camper, the possibility of camper injury does exist.

The undersigned, as parent/legal guardian of the camper, does hereby grant permission to the staff of the Town of Chester Parks and Recreation Summer Camp to administer emergency first aid to the child named above as deemed necessary. In the event an injury requires treatment beyond the scope of the Camp facilities, an Emergency Medical Technician (EMT) may be requested. Once the EMT is on site, decisions regarding a camper's medical treatment will be subject to the EMT's discretion. Treatment may include transport to and care provided by the Orange Regional Medical Center, the closest medical facility, or other facilities.

Parent/Guardian Signature

Date

Does your camper have medical insurance? _____Y _____N

If yes, please give us: Insurance Provider: _____

Policy Number: _____

Contact Information: _____

TOWN OF CHESTER PARKS AND RECREATION
2014 SUMMER CAMP

MEDICAL PROCEDURE

IN THE EVENT THAT A CHILD REQUIRES MEDICINE WHILE PARTICIPATING IN THE TOWN OF CHESTER PARKS AND RECREATION SUMMER CAMP PROGRAM, THE FOLLOWING PROCEDURE IS TO BE FOLLOWED.

As per our certification as a Summer Day Camp in The County of Orange, State of New York, no child may be in possession of any medical substance, which has been prescribed by a physician. The following procedure must be followed:

- A. The parent/guardian of the child shall personally deliver the medication along with written instruction for this medication from a physician to the Camp Medical Director. The written instructions shall include the following information: name of the medication, reason for giving the medication, dosage, time and number of days to be given.
- B. The medication must be in the container provided by a registered pharmacist and have the professional label affixed thereto.
- C. UNDER NO CIRCUMSTANCES is a child allowed to bring medication to the Camp Program.
- D. The parent/guardian must submit a written request to the Medical Director to give the medication as directed by the physician.
- E. A parent/guardian must pick-up all unused medication within three days after the final dosage is administered.

I, being the parent/guardian of _____ have read the above
(Child's Name)
procedure and agree to follow precisely as written.

Signature Parent/Guardian

Date

Town of Chester Parks and Recreation
2015 Field Trip Permission

This form will serve as a general permission slip for the named camper to attend all sanctioned Summer Camp field trips as described below.

- 1) By signing this permission slip, I give my camper permission to attend the trips listed on the camp schedule. Without this signed slip, I understand that my camper will not be allowed to attend any planned trips.
- 2) I understand that with this document, my camper will attend the summer camp field trip if they are present at the camp on the day of the trip. If your camper is not going on the trip, please keep them home on this day, as regular camp will be closed.
- 3) I understand that my camper will be transported by buses contracted by the Town of Chester
- 4) I understand that the employees of the Town of Chester Summer Camp will appropriately supervise my camper during the field trip, and that campers are responsible for behaving themselves in a manner that will ensure their personal safety and the safety of other campers.
- 5) I understand that if my camper behaves inappropriately on any trip, Town of Chester has the right to request the camper not attend other planned trips.
- 6) I understand that for every trip, my camper needs to have a brown bag lunch.
- 7) I understand that spending money is optional.

If you have any questions or concerns, please contact the Town of Chester Parks and Recreation at 469-7000 extension 8.

By signing this permission slip, I give my camper permission to attend the trips indicated.

Camper's Name

Parent/Guardian Signature

PARTICIPANT'S ACTIVITY WAIVER

PARTICIPANT'S NAME: _____

DATE OF BIRTH: _____

ADDRESS: _____

CITY: _____

PHONE: _____

NATURE OF ACTIVITY: _____

WAIVER OF PHYSICAL DAMAGE OR INJURY

IN CONSIDERATION OF ACCEPTING THIS ACTIVITY I, THE UNDERSIGNED INDIVIDUAL DO HEREBY RELEASE AND HOLD HARMLESS THE TOWN OF CHESTER, ITS ELECTED OR APPOINTED OFFICIALS, EMPLOYEES AND VOLUNTEERS FROM ANY AND ALL CLAIMS, LAWSUITS, OR LOSS RESULTING FROM THE BODILY INJURY OR PROPERTY DAMAGE AS A RESULT IN MY PARTICIPATION IN CONNECTION WITH THE ACTIVITY OF SUMMER CAMP. I ALSO ATTEST AND VERIFY THAT I AM PHYSICALLY FIT AND CAPABLE OF SAID ACTIVITY AND UNDERSTAND THAT THIS ACTIVITY COULD BE HAZARDOUS.

(PARTICIPANT'S SIGNATURE)

(PARENT SIGNATURE – FOR MINORS UNDER THE AGE OF 18)

TOWN OF CHESTER PARKS AND RECREATION
2015 SUMMER CAMP PROGRAM

PHOTO PERMISSION SLIP

By signing this permission slip, I give permission for the Town of Chester to post photographs of my child on the Town of Chester website.

Please be aware that if we do post a picture of your child, no names will be used.

Camper's Name: _____

_____ Yes, I give permission for my child's picture to be posted on Chester's website.

_____ No, I do not give permission for my child's picture to be posted on Chester's website

Parent/Guardian signature

Date